

## EXHIBIT "A"



## Treatment Plan

Patient: Dianne E. Hensley  
 Birthdate: 04/10/1953  
 Provider: Jonathan Mah D.D.S.  
 Phone: (808)959-3433  
 Office: 111 E. Puainako St., Ste.A-104  
 Hilo, HI 96720

Date: 01/15/2014  
 SS#:

Chart #: HE0310

Cost of replacing tooth. *PH*

Ord	Th	Surf	Description	Fee	Pat	Pri Ins	Sec Ins
?			Hawaii State Excise Tax	200.01	200.01	0.00	0.00
?	3		Retainer crn-porc fused-hi nob	1200.00	1200.00	0.00	0.00
?	4		Pontic-porc fused to high noble	1200.00	1200.00	0.00	0.00
?	5		Pontic-porc fused to high noble	1200.00	1200.00	0.00	0.00
?	6		Retainer crn-porc fused-hi nob	1200.00	1200.00	0.00	0.00
Sub Total:				5000.01	5000.01	0.00	0.00

\*GIVE DEEP SWEEP FLOSS

Treatment Plan Total	5,000.01
Estimated Deductible to be Applied	0.00
Estimated Insurance Payment	0.00
Estimated Patient's Portion	5,000.01

\*COPY

Dental Insurance Benefits		Patient	
		Primary	Secondary
Annual Plan Benefits			0.00
Paid Benefits YTD		0.00	0.00
Pending Insurance Est. YTD		0.00	0.00
Est. Benefits Remaining YTD			0.00
Benefits Expire		12/31/14	
Deductible Owed YTD	Standard	0.00	0.00
	Preventive	0.00	0.00
	Other	0.00	0.00
Primary Dental Insurance:		HMSA Medicaid-Cyrca Dental	

\*\*\* DUE TO 2013 FEE INCREASES ALL TREATMENT ESTIMATES PROVIDED IN 2012 WILL NOT CARRY OVER TO 2013. \*\*\*

Procedures and fees can change without prior notification. This is just an ESTIMATED patient portion. It will be your responsibility to compensate accordingly. You will be expected to pay your deductible and co-payment at the time of service.

We will file with your insurance provider for available benefits. If your insurance provider denies payment or pays less than the estimated portion, you are responsible for the balance.

PLEASE NOTE THAT ALL PAYMENTS ARE COLLECTED IN FULL AT THE TIME OF SERVICE.

PAYMENT BY CHECK\*\*You authorize us to effect automatic payment from your account. Should this result in a "Failed Transaction" your account will be charged a \$30.00 service fee.\*\*

Patient/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Staff Initials: *Kg*

## NOTICE

TO Doctor Oakley :

This Statement of Claim will be heard by a Judge at the address checked below on

MONDAY, AUGUST 4 20 14 at 8:30 a.m.

YOU MUST BE PRESENT ON THIS TRIAL DATE TO AVOID JUDGMENT BY DEFAULT.

## COURT ADDRESS

- ☐ North & South Hilo Division 777 Kilauea Avenue, 2nd Floor, Hilo, Hawai'i 96720-4212
- ☒ Puna Division 777 Kilauea Avenue, 2nd Floor, Hilo, Hawai'i 96720-4212
- ☐ North & South Kona Division 79-1020 Haukapila Street, Kealahkekua, Hawai'i 96750
- ☐ Ka'u Division – To be heard at North & South Kona Division  
Kona: 79-1020 Haukapila Street, Kealahkekua, Hawai'i 96750
- ☐ South Kohala Division 67-5187 Kamamalu Street, Kamuela, Hawai'i 96743
- ☐ Hāmākua Division – To be heard at South Kohala Division  
67-5187 Kamamalu Street, Kamuela, Hawai'i 96743
- ☐ North Kohala Division – To be heard at South Kohala Division  
67-5187 Kamamalu Street, Kamuela, Hawai'i 96743
- Mailing Address for the court: ☒ 777 Kilauea Avenue, Hilo, Hawai'i 96720-4212
- ☐ 79-1020 Haukapila Street, Kealahkekua, Hawai'i 96750 ☐ 67-5187 Kamamalu Street, Kamuela, Hawai'i 96743

If you have witnesses, or documents related to this claim, you should bring them with you to trial.

If you wish to subpoena witnesses for trial, contact the clerk as soon as possible before trial.

You may come with or without an attorney.

A Small Claims case cannot be transferred to the Regular Claims Division unless the Plaintiff agrees to the transfer and the Regular Claims filing fee is paid to the Court.

If a counterclaim is for more than \$5,000.00, either party may demand a jury trial, pay the jury demand fee, and the case will be transferred to the Circuit Court

You have **NO RIGHT TO APPEAL** from a judgment of the Small Claims Division.

**IF YOU DO NOT APPEAR AND DEFEND ON THE DATE AND TIME STATED ABOVE, A  
DEFAULT JUDGMENT MAY BE ENTERED AGAINST YOU FOR THE AMOUNTS REQUESTED  
IN THIS STATEMENT OF CLAIM.**

Clerk

**D. MACANAS (SEAL)**

This notice shall not be personally delivered between 10:00 p.m. and 6:00 a.m. on premises not open to the public, unless the court permits, in writing on this notice, personal delivery during those hours.



In accordance with the Americans with Disabilities Act, and other applicable State and Federal laws, if you require an accommodation for your disability when working with a court program, service, or activity please contact the District Court Administration Office at PHONE NO. 961-7424, FAX 961-7411, OR TTY 961-7422 at least (10) working days in advance of your hearing, or appointment date.